

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 194317	RECEIPT DATE:	11 / 24 / 98
IA NUMBER:	PCT/ GB98 / 03121	IA FILING DATE:	10 / 19 / 98
FAMILY NAME:	POWERS	DELAY WAIVED (Y/N):	N
GIVEN NAME:	SIMON J	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 22 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	36-1298	COUNTRY:	GBX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	7038164000
		FAX	
NAME:	NIXON & VANDERHYE		
STREET:	1100 NORTH GLEBE ROAD		
	8TH FLOOR		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22201
EMAIL:			
APPLICATION TITLES:			
	DISTRIBUTED VIRTUAL ENVIRONMENT		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/194,317	FILING DATE 11/24/98	CLASS 395	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 36-1298
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APPLICANT

SIMON J. POWERS, IPSWICH, GREAT BRITAIN; MICHAEL R. HINDS, FELIXSTOWE, GREAT BRITAIN; JASON MORPHETT, IPSWICH, GREAT BRITAIN.

CONTINUING DOMESTIC DATA***
VERIFIED

None Ca

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/GB98/03121 10/19/98

Yes Ca

FOREIGN APPLICATIONS***

VERIFIED GREAT BRITAIN 9722343.2 10/22/97

yes Ca

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GB3	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Initials <u>Ca</u> Initials _____				

ADDRESS
NIXON & VANDERHYE
1100 NORTH GLEBE ROAD
8TH FLOOR
ARLINGTON VA 22201
PHONE: (703)816-4000

TITLE

DISTRIBUTED VIRTUAL ENVIRONMENT

FILING FEE RECEIVED \$918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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